ORDER FORM

Please complete and fax this form to the desired UniNet Regional Sales Office below.

ATTENTION: (UNINET SALES	REP.)				DATE:	
UNINET CUSTOMER ID #:	PHONE:		FAX:		P.O. #:	
BILLING INFORMATION		SHIPPING II	NFORMATION			
COMPANY NAME		COMPANY N	IAME			
CONTACT		ATTENTION				
COMPANY ADDRESS		SHIPPING A	SHIPPING ADDRESS			
CITY		CITY				
STATE/PROVINCE ZIP		STATE OR PF	STATE OR PROVINCE ZIP			
COUNTRY	COUNTRY _	COUNTRY				
PAYMENT METHOD		SHIPPING N	SHIPPING METHOD			
COD CHECK	WIRE OTHER:	UPS	FEDEX	☐ DHL	OTHER:	
CREDIT CARD	TERMS:	GROUNE	D 3 DAY	2 DAY	☐ NEXT DAY	
CREDIT CARD ACCT. #		STANDA	STANDARD PRIORITY			
EXP. DATE		<u> </u>	BILL TO SHIPPING ACCOUNT #			
NAME		BITT 10	SHIPPING ACCOUN	I #		
AUTHORIZED SIGNATURE _						
Comments:UNINET REGIONAL SAI U.S. WEST COAST + 1-424-675-3400	LES OFFICE FAX NUMBER U.S. EAST COAST + 1-888-791-9188	RS EUROPE + 34-93-741-4166	PHILIPPINES + 63-2-5843		ARGENTINA + 54-11-4574-3706	
MEXICO + 52-722-319-4791	+ 1-888-731-9188 COLOMBIA + 57-1-4185094	+ 54-93-741-4166 VENEZUELA + 58-241-824244	+ 63-2-5843 PERU + 51-1-471-9		INTERNATIONAL + 1-424-675-3404	

